

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

#16
N/Appeal +
Ext. (mo)

Applicants: Gregory J. LaRosa and Walter Newman

Serial No.: 09/898,513 Group: 1648

Filed: July 3, 2001 Examiner: A. Salimi

Confirmation No.: 5309

For: Anti-CCR2 Antibodies and Methods of Use Therefor

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
9/16/03	Paula Depelteau
Date	Signature
PAULA DEPELTAU	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

09/23/2003 AWONDAF1 00000026 09898513

01 FC:1401
02 FC:1251

320.00 OP
110.00 OP

Sir:

Applicants hereby appeal to the Board of Appeals from the decision dated May 21, 2003 of the Primary Examiner finally rejecting claims 1-7, 9, 10 and 37-57. The items checked below are appropriate:

1. ☒ Applicants hereby petition to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated May 21, 2003 for one month from August 21, 2003 to September 21, 2003.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for 1- month		\$ 110
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 320
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ 430

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$430.00 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Lisa M. Treannie
Lisa M. Treannie
Registration No.: 41,368
Telephone: (978) 341-0036
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date:

9/16/03